



Express Mail: EV 746140683 US PCT 2005

WEMMH PTO/SB/22 (7/05)
Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) 16590-35																								
Application Number 10/521,478		Filed January 17, 2005																								
For Herbicide-Resistant Plants, and Polynucleotides and Methods For Providing Same																										
Art Unit		Examiner																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: right;">\$ <u>1080</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 01/11/2006 CHEGA1 00000025 103E147C</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed. 01 FC:2255 1030.00 SP</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>33,386</u></p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><hr style="width: 80%; margin: 5px auto;"/><p style="margin: 0;">Kenneth A. Gandy</p><p style="margin: 0;">Typed or Printed Name</p></div><div style="width: 45%; text-align: center;"><p style="margin: 0;">January 9, 2006</p><hr style="width: 80%; margin: 5px auto;"/><p style="margin: 0;">(317) 634-34561</p><p style="margin: 0;">Telephone Number</p></div></div> <p style="margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____	<input checked="" type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ <u>1080</u>
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